



State of Hawaii, Department of Health, Clean Water Branch

CWB-NOI Form K

Notice of Intent for HAR, Chapter 11-55, Appendix K - NPDES General Permit Coverage Authorizing Discharges of Storm Water and Certain Non-Storm Water Discharges from small Municipal Separate Storm Sewer Systems (MS4s)

Before completing this form, read the General Guidelines for CWB-NOI Forms and Guidelines for CWB-NOI Form K. Alteration of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for CWB-NOI Form K - Note 1)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

2. Owner Type (see Guidelines for CWB-NOI Form K - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

3. Operator Information (see Guidelines for CWB-NOI Form K - Note 3)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

4. Facility Information (see Guidelines for CWB-NOI Form K - Note 4)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

Island: _____

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for CWB-NOI Form K - Note 5)

a. Receiving State Water Name: _____

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ', " N Longitude: ° ', " W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge from your small MS4 enter another separate storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the separate storm water drainage system.

i. Drainage System Owner's name: _____

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ', " N Longitude: ° ', " W

- iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. Non-Storm Water Discharge Information (see Guidelines for CWB-NOI Form K - Note 6)

	Description of Non-Storm Water Discharges Generated at Facility	Approximate Quantity (gpd)	Frequency of Discharge (i.e. "X" times per week)	Disposal Method
1				
2				
3				
4				
5				

Are there additional types of non-storm water discharges?

No ☐ Yes ☐ If yes, provide the information requested in Item 6 on a separate sheet.

7. Location Map (see Guidelines for CWB-NOI Form K - Note 7)

A topographic map or maps of the area which clearly show the following is/are attached:

Yes ☐ No ☐

- Legal boundaries of the small MS4,
- Location and identification number of each of the small MS4's existing and/or proposed outfalls or discharge points, and
- Receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

8. Flow Chart (see Guidelines for CWB-NOI Form K - Note 8)

A flow chart or line drawing showing the general route taken by storm water through the small MS4 from intake to the discharge point is attached.

Yes ☐ No ☐

9. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for CWB-NOI Form K - Note 9)

Provide the status and corresponding file numbers on any existing or pending environmental permits.

- Other NPDES Permit or NGPC File No.: _____

- b. DA Permit: _____
- c. Section 401 WQC: _____
- d. RCRA Permit (Hazardous Wastes): _____
- e. Facility on SARA 313 List (identify SARA 313 chemicals on site):

- f. Other (Specify): _____

10. NGPC Renewal (see Guidelines for CWB-NOI Form K - Note 10)

Is this an application for NGPC renewal?

No ☐ Yes ☐ If yes, provide the assigned File No.: _____

11. Automatic Coverage Under General Permit (see Guidelines for CWB-NOI Form K - Note 11)

- a. ☐ I elect to claim automatic coverage per HAR, Section 11-55-34.09(f).
- b. ☐ I elect to waive automatic coverage per HAR, Section 11-55-34.09(g).

12. Facility Site Map (see Guidelines for CWB-NOI Form K - Note 12)

- a. A facility site map(s) which shows the following information is attached: Yes ☐ No ☐
- i. Location(s) of all drainage systems within the facility;
 - ii. An outline of the drainage area of each storm water outfall and each outfall location;
 - iii. Location(s) of any existing structural control measures used to reduce pollutants in storm water runoff;
 - iv. Land area of the facility (SF) and amount of impervious area (SF);
 - v. Location(s) of nearest receiving State water(s);
 - vi. Location(s) of materials listed below which are exposed to storm water:
 - (1) Handling equipment or activities,
 - (2) Raw materials,
 - (3) Intermediate products,
 - (4) Final products,
 - (5) Waste materials,
 - (6) Byproducts,
 - (7) Industrial machinery,
 - (8) Location(s) where major spills or leaks have occurred,
 - (9) Location(s) of fueling stations which are exposed to storm water,
 - (10) Location(s) of vehicle and equipment maintenance and/or cleaning areas which are exposed to storm water, and
 - (11) Location(s) of loading/unloading areas which are exposed to storm water;
 - vii. Location(s) of treatment, storage, or waste disposal areas which are exposed to storm water;
 - viii. Location(s) of liquid storage tanks exposed to storm water;
 - ix. Location(s) of processing areas exposed to storm water; and
 - x. Location(s) of storage areas exposed to storm water.
 - xi. Location(s) of non-storm water discharges.

b. Indicate which items are not applicable (use item number above):

13. Storm Water Management Plan (SWMP) (see Guidelines for CWB-NOI Form K - Note 13)

- a. ☐ The proposed facility will be a new discharger. A SWMP which meets the applicable requirements as specified in Section 6 of HAR, Chapter 11-55, Appendix K (choose one). The SWMP will be implemented within 180 days after submittal:
- ☐ i. Is attached to CWB-NOI Form K
 - ☐ ii. Will be submitted within 120 days of the date of NGPC issuance
 - ☐ iii. Will be submitted within 120 days of the applicant claimed automatic coverage.
- b. ☐ The facility is an existing discharger with an NGPC. The existing or updated SWMP which meets the applicable requirements as specified in Section 6 of HAR, Chapter 11-55, Appendix K is attached to CWB-NOI Form K and will continue to be implemented.

14. Additional Information (see Guidelines for CWB-NOI Form K - Note 14)

15. Authorization of Representative (see Guidelines for CWB-NOI Form K - Note 15)

Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Authorized Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Authorized Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the NGPC for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.

Company/Organization Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Authorized Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

- d. ☐ A separate statement is attached.

16. Certification (see Guidelines for CWB-NOI Form K - Note 16)

Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. **The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: () _____ Fax No.: () _____

CWB-NOI Form K Checklist			
If any item (except for Item 14) is listed as "no," attach a sheet with the reason for its exclusion from the CWB-NOI Form K submittal.			
Item Number	Description	Is info. provided?	
		yes	no
1.	Owner Information		
2.	Owner Type		
3.	Operator Information		
4.	Facility Information		
5.	Receiving State Water(s) Information		
6.	Non-Storm Water Discharge Information		
7.	Location map is attached		
8.	Flow chart is attached		
9.	Existing or Pending Permits, Licenses, or Approvals		
10.	NGPC Renewal		
11.	Automatic Coverage Under General Permit		
12.	Facility Site Map is attached		
13.	Storm Water Management Plan (SWMP)		
14.	Additional Information		
15.	Authorization of Representative		
16.	Certification		
17.	Filing Fee (\$500.00) is attached		
18.	Number of copies with supporting documents submitted		
	One (1) copy for facilities on Oahu with owner's original signature		
	Two (2) copies for facilities on islands other than Oahu (one with owner's original signature)		
19.	Submit a list of all supporting documents (see General Guidelines for NOI Forms - Note X)		